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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		09/977,878-Conf. #3811
	<b>Filing Date</b>		October 15, 2001
	<b>First Named Inventor</b>		Marsha A. Moses
	<b>Title</b>	NON-INVASIVE ENZYME SCREEN FOR TISSUE REMODELLING-ASSOCIATED, etc.	
	<b>Art Unit</b>	1643	
	<b>Examiner Name</b>	K. A. Canella	
<b>Attorney Docket No.</b>		C1285.70003US01	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☐ Practitioner(s) named below:

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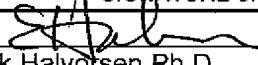
Email

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/24/08
Name	Erik Halvorsen Ph.D.	Telephone	
Title and Company	Director of Technology and Business Development		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 10-31-2008Signature: 